

FORM LOB (Rev. 5/2012)

STATE OF HAWAII STATE ETHICS COMMISSION



STATE ETHICS COMMISSION LOBBYIST'S EXPENDITURES AND CONTRIBUTIONS REPORT

REPORT YEAR: 2013	3	Amended Stateme	nt	
or Lobbying Reporting Pe	riod: 🚺 January :	1 - last day of February	March 1 - April 30	May 1 - December 31
OBBYIST INFORMAT	ION			
Oto		Mark		K.
ast Name		First Name		M.I.
lawaii Medical Serv	ice Associatio	n		
_obbyist Firm/Employer				
P.O. Box 860				
Mailing Address (Number	r and Street or P.O.	Box)		
Honolulu			HI	96808
City			Zip Code	
952-7544		mark_oto@f	State nmsa.com	•
Telephone	Extension	Email Address		
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Add Total Expenditu	nes (imes i trifot	agn 10)	lotal b	Expenditures P

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EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY
List all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the statement period.

Name	On Behalf of ORG		Amount or Value	
Check here if additi	onal sheets are attached			
	TURES OF \$150 OR MORE P	PER PERSON total sum of \$150 or more per person du	ring the statement period.	
ame	On Behalf of ORG		Amount or Value	
	•			
7				
_ Check here if addition	onal sheets are attached			
ame	On Behalf of ORG		Amount or Value	
Check here if addition	onal sheets are attached			
ART III. SUBJECT ARE		orted or opposed during the statement p	eriod:	
Agriculture	Education	√ Human Services	Science, Technology & Economic Development	
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation	
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation	
Culture, Arts, Historic Preservation	✓ Health	Planning, Land & Water Use Management	Other (indicate below):	
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections		
nereby certify that the stater	ments made above are correct and	d complete to the best of my knowledge.		
gnature of Lobbyist		Date	4/1/2013	
Mark K. Oto		Director,	Government Relations	
int Name		Title		

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